

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

FILED

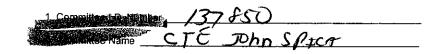
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GARTH LABY BAUGH MACOMS GREATLY CLERK MT. CHOR OFFICIAL OSECONAY

CANDIDATE COMMITTEE COVER PAGE

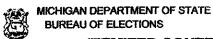
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. 6-27-07 to 10 -3. This Statement covers From: 137850 4. Candidate Last Name First Name M.J. SPICA JOHN 2. Committee Name 4a. Office Sought Including District # or Community Served (If applicable) Sterling Heights JOHN SPICA 4b. County of Residence 5. Committee's Mailing Address 38333 Phyllis 6. Treasurer's Name & Residential Address Area Code and Phone 596 Area Code & Phone If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official. 7. Treasurer's Business Address 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) SAME MY RES. Area Code and Phone (____) Area Code and Phone (9c. Annual Statement (Coverage Year) 9. TYPE OF STATEMENT Pre-Election 9b. Post-Election 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) Pre-Election or Post-Election Statement relates to: 9e. Dissolution of Candidate Committee Primary General ☐ Convention ☐ School Effective Date of Dissolution Special ☐ Caucus Month Day Year By checking this item, I/We certify that the committee has no assets or Date of Election, Convention or Caucus outstanding debts, including late filling fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived. 10. Verification: IVWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper _ Candidate Authority granted under P.A. 388 of 1976





SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Caluma	1 01 11
3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>5,684.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	C/04
c. Subtotal of "Contributions"	(3c.) \$ 5,684,00	(18.) \$ 5,684,00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 5,684,00	(20.)\$ 5,684.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-łK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	Bals 4203.50	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	10 s 4203.50	(83.) \$ 4203.50
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	'	
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(40)	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(40)	
	(12b.) \$BALANCE STATEMENT	<u> </u>
13. Ending Balance of last report filed	(13.) \$	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5. Total Contributions & Other Receives)	(14.)+\$ 5684.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = s 5/684.00	
16. Amount expended during reporting period	No. 5 420350	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	1480 CO.	



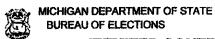
Page____of ___

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

CTE JOHN SPECA

AVIANITA CAMMAN LIFT 5' COMMUNICA MONICA	<u> </u>	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.	6. Amount	7. Curnulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: BATCR BAT	\$50 &) Click Here fo	\$ or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt		
Name & Address Ly Dwf/C Labor 120 4. Bale of No. Capara 4. Capara 120 4.	s 50 0	\$r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: NFC HOLPS T. BARN 171725 VFTA SE12129 30/09 \(\text{SAR 417 MELFSN DR} \) CHESTER FIEUS MF 4905/ 5. If over \$100.00 cumulative, please provide:	\$_/ 60 - 90 Click Here for	\$ Memo Itemization
Occupation Employer		
Business Address		:
Type of Contribution: Direct Loan from a person Fund Raiser		
36334 phylix of STERLING HETWINS MI 41312	\$ /∞·ω	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer	CHOR FIGIR IOI	
Bustone Address		
Business Address Fund Raiser Fund Raiser		,
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	20 c 00	<u> </u>
Grand Total of All Schedules 1A (Complete on last page of Schedule)	300.90 5614.00 Enter this total on line 3 of Summary Page.	

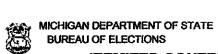


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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

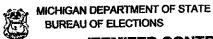
1. Committee I.D. Number _

Enter contributor's name and address. If contribution is from an individual, enter last name, first name,		
middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt		
Name & Address: ERNEST KWAME ADADE UOH		
12335 WAKE FOREST RD	.00.0	
CLANSSVILLE MD 21029	5 /WW	\$
5. If over \$100.00 cumulative, please provide:	Click Hose fo	or Memo Itemization
Occupation Employer	CRCK Here IC	n wemo nemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt		
Name & Address MILHEL BOMMIZETO		
STERIOR HETHIS ME 41312	s 100 a	_
STERLING HERLING MI UM.	\$ 79000	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
OccupationEmployer		•
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
S. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: SHIROW M OR MILHIEL MANZO 48132 TILCH MICHAE TOWNSHIP MT YFOYY 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 50.00	\$ Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person V Fund Raiser		
S. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address SHROW MM FSAND RYSSEU MATSAND 37467 CASA BENA 5. If over \$100.00 cumulative, please provide: Y036 Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ /00:00 Click Here for	\$ Memo Itemization
Page Subtotal	350.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	5684.00 Enter this total on line 3 of Summary Page.]



1. Committee I.D. Number	7850
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C	ANDIDATE (COMMITTEE		2. Committee Name	_ <u>C</u>	TE JOHNS	1/IVI
Enter contributor's nam middle initial. Check be Committee (PAC). Rep	x to indicate if con	tribution is from a Politic	idividual, e al Commi	nter last name, first nam tee or an Independent	ne,	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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						Click Here fo	r Memo Itemization
Business Address					_		
Type of Contribution:	Direct	Loan from a person		Fund Raiser			
3. Contribution #2 Name & Address ER 38 24 STED	3 ARCOLA	3066II	of Receip			s 44.00	\$
5. If over \$100.00 cumu			312			Oliela Maria San	Name Harteston
·	auve, picase pio					Click here for	Memo Itemization
Occupation Business Address				/			
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3135 570 5. If over \$100.00 cumu	HANNE B.	THUT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	of Receip			\$ 50.00 Click Here for	\$Memo Itemization
Business Address	***************************************			/			
Type of Contribution:	Direct	Loan from a person		Fund Raiser			
5. If over \$100.00 cumu	PAC Receipt? IN MAD IN ME 410 Enzy please pro	JAR JAR WREED IOIZ UEFUNI MI	e of Recei	à		\$ 50.80 Click Here for	\$ Memo Itemization
·							
Business Address Type of Contribution:	Direct	Loan from a person		Fund Raiser			
Pageof			Gra	Page Subi nd Total of All Schedules tle on last page of Sched	s 1A dule)	56900 Enter this total on line 3 of Summary Page.	

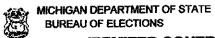


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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name	TE John.	SPICA
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: (+12 + 0 TTTT) F		
Name & Address: GERALD TITLE KATHLEEV TETTLE	_	
16100 F ILLMATE RA	s 50.00	\$
16100 E 14 MILE RD FILTER ATT PROVIDE: 41026		
	Click Here to	r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt		
STERFU HEROHS MI48312		
364/ HICKOPY ST	47)	· ·
STERLING HETTONER MTUPZE	<u>\$ 50.00</u>	\$
	Clink Hore fo	- Nome Hemizetien
5. If over \$100.00 cumulative, please provide:	Click Liete to	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: JAMES L BOM MAIL FTO	4	
20274 MACEL	\$ 50.00	\$
20274 MACEL ROSEVEUE ME 41066 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Employer		•
Occupation:		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
Name & Address CHRASTOPHER BOY MARKETO	•	
15600 ASTER	\$ 5000	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
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Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)	5684.00	
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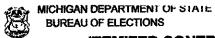


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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

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C	ANDIDATE (OMMITTEE		2. Committee Name	JE JUNI	S1/4C17
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ى 5. If over \$100.00 cum	ulative, please pro	Vide:	4312		Click Here fo	r Memo Itemization
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بر 5. If over \$100.00 cum	ACOMB A Mative, please pro	17 41042 vide:			Click Here for	Memo Itemization
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3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	of Rece	pt	s 100·0	\$
5). 5). If over \$100.00 cum	フロー・イン・ファントで E)2しエイン・トゥ ulative, please pro	RADONNA MEHI AT Y	1810			Memo Itemization
		_ Employer			Chick Field IOI	· ·
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				and Total of All Schedules 1A ete on last page of Schedule)	370.00 5614.00 Enter this total on line 3 of Symmery	



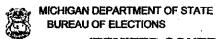
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 137850 CTE John SPICA

OMITION IL C	<u> </u>		F. AAIIII.MAA LIMILA		
Enter contributor's name and address. If comiddle initial. Check box to indicate if contributions (PAC). Report all contributions	ibution is from a Political	vidual, er Committe	nter last name, first name, se or an independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? Name & Address: DELOR G 12.105 WFL DETTROFF A 5. If over \$100.00 cumulative, please provided and the provided and the provided and the provided and the please provided and the provided and		·		\$ /OO-Q Click Here fo) §or Memo Itemization
Type of Contribution: Direct	Loan from a person	W	Fund Raiser		
3. Contribution #2 PAC Receipt? [Name & Address JOEUE 3M STEVEN A 6755 S Hove S SHELDY TOWN 5. If over \$100.00 cumulative, please prov Occupation Business Address	TOUT MEET BROOK THEP MI 483	·		\$ /00 (9) Click Here fo	\$r Memo Itemization
	Loan from a person		Fund Raiser		
3. Contribution #3 PAC Receipt? Name & Address: JOH ~~ B 390 MAR LE- WTRREW M- 5. If over \$100.00 cumulative, please prov	YES 4. Date of the party of DR 19092 lide:	of Receip	t	\$ /Ø ·Ø Click Here for	\$ Memo Itemization
Occupation	Employer				
Business Address	Loan from a person	1/	Fund Raiser	*	
3. Contribution #4 PAC Receipt? Name & Address YD455EF 1) 1 34796 Ven STERLING H	YES 4. Date of the AME AME TO THE AME AME TO THE AME TO	of Receip	ot	\$ / ∞ ∙®	\$
5. If over \$100.00 cumulative, please prov	ide:	•		Click Here for	Memo Itemization
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Business Address					
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Pageof			Page Subtotal of Total of All Schedules 1A te on last page of Schedule)	564400 Enter this total on line 3 of Summary Page.	

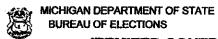


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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

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CANDIDATE COMMITTEE 2. Committee Name	CIE JOHN SPECT
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report <u>all</u> contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: RAAD KSAFTO AFRAH SALTH-CAFFO 3307 LOW MENOW CT 5. If over \$100.00 cumulative, please provide: DMT 4/324	\$ 50.D \$
5. If over \$100.00 cumulative, please provide. MIT 4/324	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Name & Address VICGIT YES 4. Date of Receipt Name & Address VICGIT CARADOMA SAMPLY CARADOMA 4321 WINGE FIELD DRIE STERLING JETUHTS MI 41374 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: JENRI DARAZI	\$
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
Type of Contribution: Direct Loan from a person 7 Fund Raiser B. Contribution #4 PAC Receipt? YES 4. Date of Receipt Same & Address DAUTD CALANDRA STERLOW HEFUHI MT 4312-3075 Stephen Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Fund Raiser	s /০০-০০ s Click Here for Memo Itemization
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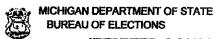
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

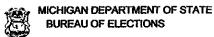
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CANDIDATE COMMITTEE 2. Committee Name	CTC John .	SPICA
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC). Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: DENTON AND TEU BELLOND 4825 LALLAUHER		
5. If over \$100.00 cumulative, please provide:	<u>* 100 m</u>	\$
Occupation Employer	Click Here fo	or Memo Itemization
Business Address		ē.
Type of Contribution: Direct Loan from a person Fund Raiser	•	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address MI. TYRKER HT. CUEMENS MT 41043	\$ /OOW)	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
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Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
S. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: CONCA D'DIRD CLYB 8933 GL GNNOOR WHITTON TOWN MILLIPY 5. If over \$100.00 cumulative, please provide:	s /SO W	\$ Memo Itemization
Occupation Employer /		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
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1. Committee I.D. Number ___

CANDIDATE COMMITTEE 2. Committee Name	CTE JOHN	SPICA
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.	, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: STEPHALE BURGES AND ON BURGES IN YIO SAR DR STERUFUL INCOMPTS MI YES/Y-3557 Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address SAAD SHAM MAM! SAST WEST ROAD LOAD HILLIAM MAM! SAST WEST ROAD Cocupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Fund Raiser	: 50W	\$ssr Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: JOSEPH SEST J392 for NBEAM STERLING feature f	\$ <u>/€0</u> -∞ Click Here for	\$ Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address MRILOY T JOHN SON STFO WEST RI WASHAUTOW MIT Y109Y ~ Y666 5. If over \$100.00 cumulative, please provide: Occupation Houseward Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	s 200 00 Click Here for	\$ Memo Itemization
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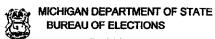
137850 1. Committee I.D. Number

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CANDIDATE COMMITTEE 2. Committee Name	CTE JOHN.	SPICA
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt		
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white for fourth p 45094 5. If over \$100.00 cumulative, please provide:	\$ <u>200.00</u>	\$
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Business Address		
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30200 BIZADNEIZ	• 30.00	\$
i. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
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. Contribution #4 PAC Receipt? YES 4. Date of Receipt		
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i. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
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Business Address		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3 of Summary Page.

Page____ __of __



1. Committee I.D. Number __

CANDIDATE COMMITTEE 2. Committee Name	CTC JOHN	SPER
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: ON OKTO MOSCONG CARVY MOSCONG		
CARCH MOS CIONE	\$ /00 (0) Click Here fo	sor Memo Itemization
Andress MR KOS HAYA EL-ALAM MRS ROX ANA GL - ALAM HRS ROX ANA GL - ALAM HRS ROX ANA GL - ALAM 4211 WINGSTE D12 5. If over \$100.00 cumulative, please provide: Decupation Employer	\$_/00.00	\$ Memo Itemization
Susiness Address Type of Contribution: Direct Loan from a person Fund Raiser		
I. Contribution #3 PAC Receipt? YES 4. Date of Receipt JA2 4DD L JA2 4DD	\$ /00,00	\$ Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	•	
Contribution #4 PAC Receipt? YES 4. Date of Receipt lame & Address MICHTEL & SHERIM TEAME M CARCH 5626 24 MILE RD SHEBY TOWN 1ATP MI 46316. If over \$100.00 cumulative, please provide: Coccupation RETRED VSRS Employer SHERIM STUDED	s 200 (1) Click Here for	\$ Memo Itemization
Susiness Address 5026 TWETY - FOYR MICE RI) SHEAV TO Type of Contribution: Direct Loan from a person Fund Raiser MI 41	. #	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	3684W	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

CANDIDATE COMMITTEE 2.0	Committee Name CTE JOHO SPICE
3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code) S. Date 6. Amount
Expenditure #1 Name CADILLAC COWBOYS Address 16/00 14 mle RD Frem 4T 4026 XFund Raiser	Purpose: Fundament Music Date \$ 400.00 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Name PErma'S OF STERRED Address 38400 Van Dykte STERRED AFFIGHTS ME	Purpose: FUND Pais SER IFTU Date Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Name Digital Printy Address 50711 win Brine SHEURY Full M± 48315	7-3-07 94.29 7-3-07 84.69 7-3-07 7-31-07 84.69 7-3100 \$ 176.96 Purpose: CARDS And Fryall Date Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name OFFICE MAP Address 37600 Von Pylo STERLEN HTS Fund Raiser	Purpose: SHIPS WAVESS Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5 Name JAHLTON CRAPHTCS Address 308 NORTH AVENUE MOUNT CLETENS MIT Fund Raiser Fund Raiser	Purpose: Stows Date \$ 124958 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 2725. \$\frac{17}{27}\$ Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

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ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

137850

CANDIDATE COMMITTEE 2.0	Committee NameCTE_JDhn_Space			
Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you			
Expenditure #1	Outro			
Name HOME DEPOT	Purpose: <u>U-POSTS</u> FOR BIL-9-23-07 \$ 217.13			
Address 37000 Van Dyle Stelig Heights AT 48312	Purpose: U-POSTS FOR BILG-23-07 STENS CHOST-23-07			
Stily Heylls MI 41312	Click Here for Memo Itemization Type (07-07) Check box if this expenditure is payment of 10-21-07			
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #2	10-11-07			
Name CEM NEWSAMERS Address 13650 11MILE ROAD	10-10-07 N-1707 10-24-07 \$ 1260-90			
Address BLOTO 11MILE 1709D	Purpose: ADVERTICING Date			
WARREN MI YFORG	Click Here for Memo Itemization Type			
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #3				
Name	\$			
Address	Purpose: Date			
	Click Here for Memo Itemization Type			
] [
Fund Raiser	LICheck box if this expenditure is payment of debt or obligation reported on previous			
	statement			
Expenditure #4				
Name	1			
				
Address	Purpose:			
	Click Here for Memo Itemization Type			
-	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
Expenditure #5				
Name				
Address	Purpose:\$			
	Click Here for Memo Itemization Type			
	Check box if this expenditure is payment of			
Fund Raiser	debt or obligation reported on previous statement			
	Subtotal this page 1479.03			
Grand Total of all Schedules 1B (Complete on last page of Schedule)				

Enter this total on line 8a of Summary Page

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FUND RAISER SCHEDULE 1F

CANDIDATE CO	OMMITTEE 2. Cor	mmittee Name CTE JOHN	SPACA
	- USE A SEPARATE SH	EET FOR EACH EVENT	•
3. Date Event Was Held C - 27 - 07 Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity Reception	6. Address and Name (If any) of the place where the activity was held Pennas - 17/Van D Private Residence
7. Total Contributions	3,68	4.00	
8. Other Receipts	**************************************		
9. Gross Receipts (Add lines 7	and 8) 368	1.00	
10. Total Cost of Event (Total Cost includes In-Kind Coand All Expenditures Made For		,00	
11. Check if event was a jo	int fund raiser and complete the	e following:	
Co-Sponsor(s)	Contribution 9 (%)	Split	Expenditure Split (%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

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